



APPLICATION

TEAM MEMBER INFORMATION

NAME:

BILLING ADDRESS (FOR CREDIT CARD):

STREET:

CITY:

ST:

ZIP:

SHIP TO ADDRESS (IF DIFFERENT):

STREET:

CITY:

ST:

ZIP:

PHONE:

CELL PHONE:

E-MAIL:

BIRTH DATE:

SSN #:

ENROLLMENT: FEE = \$35

☐ EXECUTIVE KIT = \$1000

☐ RETAILER KIT = \$250
(Plus Tax)

ACTIVATION: ☐ VISA ☐ MC ☐ AE

CREDIT CARD #:

EXP DATE:

CID (SECURITY CODE)

SPONSOR (PERSON WHO INVITED):

SIGNATURE:

ACTIVATION: AUTOSHIP:

☐ EXO _____
☐ MIN _____
☐ FIT _____
☐ OHM _____
☐ UMI _____

MONTHLY AUTOSHIP DATE:

☐ 1st ☐ 5th ☐ 10th

AUTOSHIP (IF DIFFERENT FROM ABOVE):

☐ VISA ☐ MC ☐ AE

CREDIT CARD #:

EXP DATE:

CID (SECURITY CODE)